ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATI N	Jm	7(c)7	
O.I.P.E. CLASSIFIER			6/81
F RMALITY REVIEW	MB	70203	6-28 8-18

INDEX OF CLAIMS

✔	.... Rejected		N	....	Non-elected
=	.... Allowed		I	....	Interference
–	(Through numeral)... Canceled		A	....	Appeal
÷	.... Restricted		O	....	Objected

Claim		Date							
Final	Original								
1	✓	✓	✓	✓	✓				
2	✓	✓	✓	✓	✓				
3	✓	✓	✓	✓	✓				
4	✓	✓							
5	✓	✓	✓	✓	✓				
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If more than 150 claims or 10 actions
staple additional sheet here

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